



## Parent Refusal of Services

Child's Name \_\_\_\_\_ BabyNet ID # \_\_\_\_\_

Parent Name \_\_\_\_\_

My signature below indicates that:

- I decline all BabyNet early intervention services for the above-named child at this time.
- I understand that I may request BabyNet system services at any time up to my child's third birthday.
- I have received a copy of the BabyNet *Notice of Child and Family Rights in the BabyNet System*.

### NOTES

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
BabyNet Intake/Service Coordinator Signature

\_\_\_\_\_  
Date

PLACE LABEL HERE

INSTRUCTIONS  
**Parent Refusal of Services**  
(BNO20)

**A. PURPOSE**

The purpose of this form is to document parent refusal of BabyNet system services.

**B. USES**

This form is used to document parent refusal of all BabyNet services during a face-to-face meeting prior to development of initial IFSP (i.e., during the intake/orientation visit.

(NOTE: If parent declines services during initial telephone contact, the Intake/Service Coordinator documents refusal of services in the BabyNet record, sends the parent a Closure Letter with *Notice of Child and Family Rights in the BabyNet System*), and closes the referral in BabyTrac. Use of this form is not required.)

**C. Instructions**

1. Enter child's name, parent's name and BabyNet ID number as indicated.
2. Child's parent/guardian and the BabyNet Intake Coordinator sign and date the form. Original signed copy is placed in child's BabyNet record.
3. A copy of the form is given to the parent with the *Notice of Child and Family Rights*.